

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-030327** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		1		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8		1		1			58					
9	1		1				59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13		1		1			63					
14		1		1			64					
15		1		1			65					
16		1		1			66					
17							67					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		1				TOTAL IND.					
TOTAL DEP.		1		1			TOTAL DEP.					
TOTAL CLAIMS	1	1	1	1			TOTAL CLAIMS					